

# Declaration, Power Of Attorney And Petition

We, **Shaul GOLDENBERG, Sean DAVIES and Sinnathamby KUPENTHIRARAJAN**, declare that we are all citizens of Canada, whose full post office addresses are c/o 350 Creditstone Road, Unit 204, Vaughan, Ontario, Canada, L4K 3Z2, c/o 350 Creditstone Road, Unit 204, Vaughan, Ontario, Canada, L4K 3Z2, and c/o 350 Creditstone Road, Unit 204, Vaughan, Ontario, Canada, L4K 3Z2,, respectively, that we have reviewed and understood the contents of the attached Specification, including the Claims as amended by any amendments referred to and we verily believe we are the original, first and joint inventors of the invention in **SCREEN FRAME WITH INTEGRAL ROLL SCREEN COMPARTMENT AND IMPROVEMENTS THEREOF** described and claimed in the attached specification; that we do not know and do not believe that this invention was ever known or used in the United States of America before our invention or discovery thereof, or patented or described in any printed publication in any country before our invention or discovery thereof, or more than one year prior to this application; that this invention was not in public use or on sale in the United States of America for more than one year prior to this application; that this invention or discovery has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by us or our legal representatives or assigns more than twelve (12) months before this application; that we acknowledge our duty to disclose information of which we are aware which is material to the examination of this application in accordance with 37 CFR 1.56(a), and that no application for patent or inventor's certificate on this invention or discovery has been filed by us or our representatives or assigns in any country foreign to the United States of America except as follows:

United States Patent Application Number 10/115,084 filed on April 4, 2002 from which continuation-in-part status is claimed.

And we hereby appoint **NEIL H. HUGHES**, Suite 200, 175 Commerce Valley Drive West, Thornhill, Ontario, L3T 7P6, Canada, Registration Number 33,636; **IVOR M. HUGHES**, Suite 200, 175 Commerce Valley Drive West, Thornhill, Ontario, L3T 7P6, Canada, Registration Number 27,759; and **MARCELO K. SARKIS**, Suite 200, 175 Commerce Valley Drive West, Thornhill, Ontario, L3T 7P6, Canada, Registration Number 37,015, as our attorneys or agents to prosecute this application and to transact all business in the Patent Office connected therewith.

Wherefore we pray that Letters Patent be granted to us for the invention or discovery described and claimed in the foregoing specification and claims, and we hereby subscribe our name to the foregoing specification and claims, declaration, power of attorney, and this petition.

We declare further that all statements made herein of our own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under

—

<u>S</u> <u>h</u> <u>a</u> <u>u</u> <u>l</u>	<u>G</u> <u>O</u> <u>L</u> <u>D</u> <u>E</u> <u>N</u> <u>B</u> <u>E</u> <u>R</u> <u>G</u>	
First Name	Middle Name	Last Name

Signature \_\_\_\_\_

---

2004

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Sean		DAVIES
First Name	Middle Name	Last Name

Signature \_\_\_\_\_

---

2004

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

<u>Sinnathamby</u>	<u>KUPENTHIRARAJAN</u>	
First Name	Middle Name	Last Name

Signature \_\_\_\_\_

---

2004

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing      OR      ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number PT-1960000

First Named Inventor Shaul Goldenberg

**COMPLETE IF KNOWN**

Application Number /

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SCREEN FRAME WITH INTEGRAL ROLL SCREEN COMPARTMENT

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

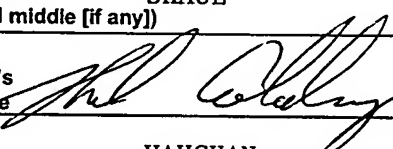
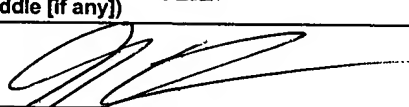
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
2,359,549	Canada	10/22/2001	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/>		Customer Number or Bar Code Label		23607		OR <input type="checkbox"/>		Correspondence address below	
Name									
Address									
City				State		ZIP			
Country			Telephone				Fax		
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>									
NAME OF SOLE OR FIRST INVENTOR :				<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname					
SHAUL				GOLDENBERG					
Inventor's Signature								Date	
26/02/02									
Residence: City		VAUGHAN		State		ONTARIO		Country	
		CANADA		CANADIAN		Citizenship			
Mailing Address									
c/o 350 CREDITSTONE ROAD, UNIT #204									
City		VAUGHAN		State		ONTARIO		ZIP	
		L4K 3Z2		Country		CANADA			
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname					
SEAN				DAVIES					
Inventor's Signature								Date	
Feb 26/02									
Residence: City		VAUGHAN		State		ONTARIO		Country	
		CANADA		CANADIAN		Citizenship			
Mailing Address									
c/o 350 CREDITSTONE ROAD, UNIT #204									
City		VAUGHAN		State		ONTARIO		ZIP	
		L4K 3Z2		Country		CANADA			
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.									

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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# DECLARATION

## ADDITIONAL INVENTOR(S)

Supplemental Sheet

Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
SINNATHAMBY		KUPENTHIRARAJAN	
Inventor's Signature <i>Kupenthirarajan</i>		Date Feb. 26 2002	
Residence: City VAUGHAN	State ONTARIO	Country CANADA	Citizenship CANADIAN
Mailing Address c/o 350 CREDITSTONE ROAD, UNIT #204			
Mailing Address			
City VAUGHAN	State ONTARIO	ZIP L4K 3Z2	Country CANADA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN  
APPLICATION DATA SHEET (37 CFR 1.76)**

As the below named inventor(s), I/we declare that:

This declaration is directed to:

- ☒ The attached application, or  
☐ Application No. \_\_\_\_\_, filed on \_\_\_\_\_,  
☐ as amended on \_\_\_\_\_ (if applicable);

I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;

I/ we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;

I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part application, if applicable; and

All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.

**FULL NAME OF INVENTOR(S)**Inventor one: SHAUL GOLDENBERGSignature: Citizen of: CANADAInventor two: SEAN DAVIESSignature: Citizen of: CANADAInventor three: SINNATHAMBY KUPENTHIRARAJANSignature: Citizen of: CANADA

Inventor four: \_\_\_\_\_

Signature: \_\_\_\_\_

Citizen of: \_\_\_\_\_

☐ Additional inventors are being named on \_\_\_\_\_ additional form(s) attached hereto.

Burden Hour Statement: This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	SHAUL GOLDENBERG
Group Art Unit	
Examiner Name	
Attorney Docket Number	PT-1960000

I hereby appoint:

☒ Practitioners at Customer Number

23607

Place Customer  
Number Bar Code  
Label here

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Firm or  
Individual Name

Address

Address

City

State

Zip

Country

Telephone

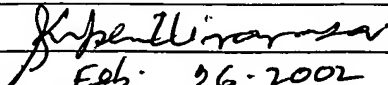
Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name	SINNATHAMBY KUPENTHIRARAJAN
Signature	
Date	Feb. 26-2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 3 forms are submitted.

Please type a plus sign (+) inside this box ☒

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	SHAUL GOLDENBERG
Group Art Unit	
Examiner Name	
Attorney Docket Number	PT-1960000

I hereby appoint:

☒ Practitioners at Customer Number

23607

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Number Bar Code  
Label here

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Firm or  
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name

SEAN DAVIES

Signature

Date

Feb. 26/02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 3 forms are submitted.



Please type a plus sign (+) inside this box → ☐

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	SHAUL GOLDENBERG
Group Art Unit	
Examiner Name	
Attorney Docket Number	PT-1960000

I hereby appoint:

☒ Practitioners at Customer Number  
OR

23607

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☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Firm or  
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name

SHAUL GOLDENBERG

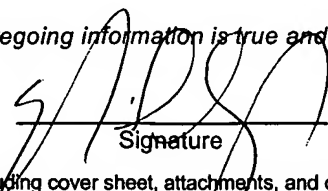
Signature

Date

Feb 29/02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 3 forms are submitted.


Form PTO-1595 (Rev. 03/01) OMB No. 0651-0027 (exp. 5/31/2002) Tab settings ⇌ ⇌ ⇌ ▼ ▼ ▼ ▼ ▼ ▼ ▼ ▼	<b>RECORDATION FORM COVER SHEET</b> <b>PATENTS ONLY</b>	U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office
To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.		
1. Name of conveying party(ies): Shaul Goldenberg Sean Davies Sinnathamby Kupenthirarajan  Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Name and address of receiving party(ies) Name: <u>420820 Ontario Limited</u>  Internal Address: _____  _____  Street Address: <u>350 Creditstone Road</u> <u>Unit 204</u>  City: <u>Vaughan</u> State: <u>Ont.</u> Zip: <u>L4K 3Z2</u>  Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3. Nature of conveyance: <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Other _____  Execution Date: <u>February 26, 2002</u>	4. Application number(s) or patent number(s): If this document is being filed together with a new application, the execution date of the application is: <u>04/03/02</u> A. Patent Application No.(s)                      B. Patent No.(s)  Additional numbers attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Name and address of party to whom correspondence concerning document should be mailed:  Name: <u>Ivor M. Hughes,</u>  Internal Address: <u>Barrister &amp; Solicitor,</u> <u>Patent &amp; Trademark Agents</u>  _____  Street Address: <u>175 Commerce Valley Dr. W.</u> <u>Suite 200</u>  City: <u>Thornhill</u> State: <u>Ont.</u> Zip: <u>L3T 7P6</u>	6. Total number of applications and patents involved: <u>1</u>  7. Total fee (37 CFR 3.41).....\$ <u>40.00</u> <input checked="" type="checkbox"/> Enclosed <input type="checkbox"/> Authorized to be charged to deposit account  8. Deposit account number:  _____ (Attach duplicate copy of this page if paying by deposit account)	
<b>DO NOT USE THIS SPACE</b>		
9. Statement and signature. <i>To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.</i>  <u>Neil H. Hughes, P.Eng.</u>  <u>April 3, 2002</u> Name of Person Signing                      Signature                      Date  Total number of pages including cover sheet, attachments, and documents: <u>2</u>		

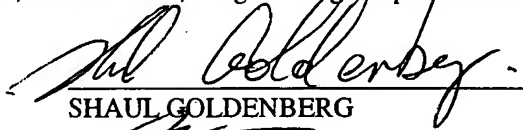
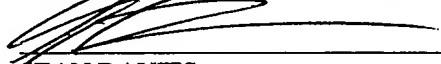

## Assignment

We, **SHAUL GOLDENBERG, SEAN DAVIES, and SINNATHAMBY KUPENTHIRARAJAN** whose full post office addresses are c/o 350 Creditstone Road, Unit 204, Vaughan, Ontario, L4K 3Z2, Canada; c/o 350 Creditstone Road, Unit 204, Vaughan, Ontario, L4K 3Z2, Canada; and c/o 350 Creditstone Road, Unit 204, Vaughan, Ontario, L4K 3Z2, Canada, respectively, in consideration of One Dollar and other good and valuable consideration, the receipt of which is hereby acknowledged, do hereby sell and assign to **420820 ONTARIO LIMITED** whose full post office address is 350 Creditstone Road, Unit 204, Vaughan, Ontario, L4K 3Z2, Canada, all the right, title and interest in the United States of America and worldwide, in and to our invention relating to **SCREEN FRAME WITH INTEGRAL ROLL SCREEN COMPARTMENT** as fully described and claimed in our application from which priority is claimed for a patent for such invention and all supplementary applications, continuation applications and divisional applications thereof and to all our corresponding right, title and interest in and to any patent which may issue therefor and any and all reissues thereof.

And we, on behalf of ourselves and our heirs, executors, representatives and administrators, hereby covenant and agree to do all such lawful acts and things and to execute without further consideration such further lawful assignments, documents, assurances, applications, and other instruments as may reasonably be required by said assignee, its successors, assigns or legal representatives, to obtain any and all Letters Patent of the United States of America for said invention and vest the same in said assignee, its successors, assigns or legal representatives.

WITNESS our hands  
and seals at the  
City of Vaughan  
Province of Ontario  
this 26 th day of  
FEBRUARY, 2002

  
\_\_\_\_\_  
A Commissioner, Notary, etc.

)   
) SHAUL GOLDENBERG  
)   
) SEAN DAVIES  
)   
) SINNATHAMBY KUPENTHIRARAJAN

## Affidavit

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

On this 26<sup>th</sup> day of FEBRUARY, 2002 personally appeared before me **SHAUL GOLDENBERG, SEAN DAVIES, and SINNATHAMBY KUPENTHIRARAJAN** to me known to be the individuals described in the foregoing instrument, and who swore before me that they executed the same.

  
\_\_\_\_\_  
A Commissioner, Notary, etc.